Treatment of disease, disorder or injury

Description
This activity covers a treatment service that is:

a) provided by a health care professional (see list in glossary), or a social worker in the case of mental health treatment, or by a multi-disciplinary team that includes a listed health care professional, or social worker where the treatment is for a mental disorder, and is

b) related to disease, disorder or injury.

It includes a wide range of treatment, such as, but not limited to, emergency treatment, ongoing treatment for long-term conditions, treatment for a physical or mental health condition or learning disability, giving vaccinations/immunisations, and palliative care.

This regulated activity applies to the treatment of disease, disorder or injury in any setting, for example hospitals, clinics, hospices, ambulances, community services, and care homes.

What is included in this regulated activity?

- Any treatment that is for the treatment of a disease disorder or injury.

What is excluded from this regulated activity?

- Purely cosmetic interventions.
- Most alternative and complementary therapy.
- First aid where it is delivered by:
  - Health care professionals in unexpected or potentially dangerous situations requiring immediate action.
  - Non-health care professionals who are trained to deliver such treatment.
- Treatment provided in a sports ground or gymnasium (for people taking part in, or attending, sporting activities or events).
- Treatment provided through temporary arrangements for sporting or cultural events (such as festivals, championship sporting events or motor sport events).
- Hyperbaric oxygen therapy provided to workers in connection with their work or when governed by the Diving at Work or Work in Compressed Air regulations.
- Activities authorised by a license granted by the Human Fertilisation and Embryology authority.

Please note:
Each regulated activity requires a separate registration – you may need to register for more than one
Sometimes, ‘treatment of disease, disorder or injury’ is provided as a minor component of a service – for example, a large care home that has just a few intermediate care or specialist palliative care beds. ‘Treatment of disease, disorder or injury’ if carried out by or under supervision of a listed health care professional will still require registration in its own right and in addition to any other activities that the provider may need to register for that service.

If those services are provided by another body (such as a primary care trust), please see the guidance on hosted services earlier in this document which will apply.

**What other regulated activities do I need to register for?**

You should apply for other regulated activities if you are providing them, for example:

- ‘Surgical procedures’.
- ‘Diagnostic or screening procedures’.
- ‘Assessment or medical treatment for patients who are detained under the Mental Health Act’.
- ‘Services in slimming clinics’.

**Are any other regulated activities covered by this one?**

Yes, if you are registered for this activity and its delivery includes:

- personal care
- nursing care

you would not need to additionally apply for those activities.

**Who must carry out the regulated activity for it to be in scope?**

The principle is that a provider will require registration for this regulated activity if the service includes treatment carried out by or under the supervision of a listed health care professional, or a social worker where the treatment is for a mental disorder, and is intended to treat disease, disorder or injury. Health care professionals are defined, for the purpose of this activity only, in a list (see glossary).

If a multi-disciplinary team includes one of these health care professionals (or a social worker in the case of mental health treatment), then the activity will be within scope and needs to be registered.

However, there may be occasions when the person providing treatment is not acting in the capacity of a listed health care professional, even if holding a professional qualification (for example, a beautician undertaking a cosmetic/aesthetic service who is also qualified as a nurse).

Also, there may be times when it is not clear if the service is treatment or is being carried out for another reason (for example, some interventions that are normally aesthetic, such as laser hair removal, may also be carried out in response to a clinical disorder).
It may also be unclear if a particular treatment is for a disorder (for example, obesity may in some cases be classified as a disorder, and a certain medical treatment recommended, while a person may also be seeking that same treatment for cosmetic or wellbeing reasons).

These scenarios will normally be rare, and will need consideration on a case-by-case basis. However, a significant area in which they may arise frequently is community mental health care (including primary mental health care). Some psychological therapies may be provided by health care professionals, social workers or by others with specific qualifications. In these cases, some services will require registration, whereas others will not, depending on the use of, or supervision by, health care or social work professionals.

**What professionals would not be included in the scope of this regulated activity?**

Certain defined professionals are not included on the list in the regulations. These include:

- Clinical psychologists
- Occupational therapists
- Physiotherapists
- Pharmacists.

Standalone treatment services run by these professionals are not required to register.

This means most (but not necessarily all) specialist mental health services provided by social workers who are working in their professional capacity as a social worker will be within the scope of this regulated activity. For example, treatment includes the ongoing assessment of a person’s mental state or where the social worker is providing a psychological therapy. Other types of social work services will not be captured by this regulated activity.

Health care professionals and social workers are only relevant to this regulated activity where they are involved in it in their capacity as a listed health care professional or social worker. For example, a psychiatrist may also be qualified as a psychotherapist. Where he or she practices as a psychiatrist – a registered medical practitioner – it may be captured by this activity. Where he or she practices solely as a psychotherapist, it would not be captured by this activity.

This principle will apply in the same way to many other services in addition to the examples given and these will need to be considered on a case-by-case basis.

**What is treatment "under the supervision of" a listed health care professional or social worker?**

The care of the person is under the supervision of a health care professional (HCP) (as listed in paragraph 5(4) of Schedule 1 of the regulations) where the HCP:

1. Is part of the team who directly provides care to the person, or
2. Directly reviews the individual person’s case and sets out a plan of care for the person even if this plan is executed by another person, or
3. Authorises a protocol of care, used by other care givers, that:
a) they are directly accountable for, and  
b) they are required to continually monitor, and  
c) can only be authorised by them by virtue of their professional registration, and  
d) when it is used, the individual details of the people who are provided care under its remit are directly recorded for the purposes of the protocol

**Is delegation different to "under the supervision of"?**

Yes, when a health care professional employed by one provider delegates a procedure to a care worker employed by a second provider, such as a care home without nursing or a domiciliary care agency, the second provider cannot be considered to be carrying on the regulated activity. The provider accepting the delegated task will not be required to register for this regulated activity.

This is because a health care professional employed by one provider will not be responsible for the supervision of staff of another provider. A provider (employing staff) cannot accept vicarious responsibility for non-employees.

The Nursing and Midwifery Council (NMC) have published *The Code: Standards of conduct, performance and ethics for nurses and midwives* (2008), which sets out the requirements for registered nurses and midwives to delegate effectively to other people, and to always act within their area of competence.

The NMC have also issued advice regarding delegation by nurses to other people such as carers. You can find this advice on the NMC website [http://www.nmc-uk.org/Nurses-and-midwives/Advice-by-topic/A/Advice/Delegation/](http://www.nmc-uk.org/Nurses-and-midwives/Advice-by-topic/A/Advice/Delegation/).

It is the employer’s responsibility to ensure that they do not allow their staff to accept delegated tasks unless the staff have sufficient support, supervision, education and training to competently undertake the aspects of care that are being delegated.

**Examples**

Administering medication where the activity of ‘treatment of disease, disorder or injury’ will not apply:

In the case of administration of medication that has been prescribed and dispensed for the person or is a ‘homely remedy’ (including over-the-counter medicines, complementary therapies and herbal preparations) and is administered by a carer or a health care professional, the regulated activity will **NOT** apply:

a) Where the person using the service would normally be able to administer the medication in question for themselves, but where, due to circumstances or personal choice, the person has consented for the medicine to be administered to them, or

b) Where the person would ordinarily be able to administer the medication for themselves but due to circumstances, or where the person is unable to make a decision in relation to taking their medication, it has been agreed to be in the person’s best interest for the medicine to be administered to them.
The following examples will also **NOT** constitute the activity of ‘Treatment of disease, disorder or injury’:

- A care worker or health care professional administers prescribed insulin that has been dispensed and the person cannot manage to draw up or inject the insulin themselves, where the person would normally be able to administer the insulin themselves.
- A care worker administers an oral prescribed controlled drug, where the person would normally be able to take their own prescribed drug.
- A care worker who prompts and/or supervises a person to take their prescribed medication.
- A care worker may care for people receiving nutritional support through a PEG feed or provide pressure area care delegated by a district nurse (a registered health care professional) who works for another provider.

The following **WILL** constitute the activity of ‘Treatment of disease, disorder or injury’:

- A situation when a nurse or health care professional is required to either prescribe or administer medication.
- When the nurse or health care professional is required to have knowledge or training to undertake the administration of the medication, or when a person would not normally be considered to be able to administer the medicine by themselves.
- Administration of an intravenous (IV) antibiotic or other IV drug (requiring training in reconstitution, mathematical calculation, examination and care of the IV site and more).
- Administration of chemotherapy in a person’s home or a residential home, or any other setting. This will require training in administration, IV pumps, blood result checks, examination and care of the IV site, and what to do if extravasation occurs.

**The list of professional roles are protected titles, why is this important?**

Use of professional titles is protected by law. Where a professional title is used, the assumption will be that the service is being carried out by someone acting in their capacity as a registered health care professional and directly using their professional qualification. This means that if the profession is one of those on the list in the regulations, registration will usually be required.

If the service does not involve the professional qualification, and the protected title might be being used inappropriately in the description of the service or solely for other purposes (such as marketing), the matter may be referred to the relevant professional regulator.

Anomalies have occurred where care homes without nursing have employed nurses or other health professionals as care workers. The key question to consider is whether the person providing the service is using their professional qualification in the job they are employed to do.

Where the person’s qualification is coincidental or only relevant as background knowledge, it will not trigger the need for registration. However, in this case the health professional should not be using their professional registration status, or presenting themselves as that health professional.
Example:

- A qualified psychoanalyst, who is also qualified as a psychiatrist but is not prescribing or using medical interventions, will not need to register for her psychoanalytic practice. She is acting in her capacity as a psychoanalyst (not in the list of health care professionals) and not as a doctor. She is not using the specific skills taught in medical training, but is using the specific skills taught in psychoanalytic training. She is not using statutory authority or powers, which require a medical qualification (e.g. prescribing).

  She is not presenting herself as a psychiatrist, but as a psychoanalyst.

- A drugs worker, who is also qualified as a social worker, will not need to register if he is working as a drugs worker. However, if he is working as a social worker then the service will require registration. It is possible to ascertain if he is working as a social worker because he is clearly using the specific skills taught as part of social work training, or he is presenting himself as a social worker and using that protected title to describe his work.

Service specific guidance

Lasers and intense pulsed light (IPL)

Lasers and IPLs used for non-surgical procedures are often used for cosmetic procedures such as hair removal, and for therapeutic procedures, e.g. minor dermatological conditions. They are used by beauty therapists and health care professionals. These procedures can constitute appropriate treatment of recognised medical disorders and can be safely and appropriately carried out by beauty therapists with training in the use of the laser or IPL. It is not uncommon for dermatologists to refer or advise patients to visit a beauty therapist because, even in a clinical service such as dermatology or plastic surgery, very few laser or IPL procedures require the skills of a health care professional.

Use of lasers and IPLs is not part of professional training in health care professions, and while a health care professional’s knowledge of physiology and physical and mental conditions may well add value to a service, it is usually as background knowledge rather than as use of professional training.

Providers of laser and IPL services provided by listed health care professionals will only need to register where:

- The specific skills of a listed professional are used, e.g. where the service is part of a package of clinical care and requires specialist physiological and psychological knowledge such as use of a laser as part of plastic surgery procedures (in this case the regulated activity of surgical procedures would apply), or

- The service is combined with other procedures that require a listed health care professional qualification, e.g. prescribing, or

- The service is described by the provider as carried out by someone acting in their capacity as a registered health care professional.
First aid

First aid is:

- The initial response to a sudden illness, condition or injury or exacerbation of an existing illness.
- Restricted to the aim of either alleviating it immediately through simple procedures and/or preventing it worsening until professional medical help is available.

First aid may include simple non-invasive physiological monitoring techniques carried out as part of the overall first aid care and be provided by lay people or health care professionals.

In the case of health care professionals, they will not rely upon broader knowledge and skills developed through professional training but will use only skills and knowledge that are to be reasonably expected of a person having received recognised training in first aid.

Our view is that:

- A first aid service may involve health care professionals, but only where they are acting only in their capacity as a first aider. For example, they are not prescribing, following a patient group directive, using specialist drug administration techniques, or using other specialist skills that reflect their professional training rather than their first aid training.
- A first aid service may involve simple procedures for assessment that do not require a recognised professional diagnostic qualification (e.g., as a radiographer or sonographer) and that are limited in their purpose to assessing the need for onward referral for treatment. This includes use of a 2- or 12-lead ECG, automated non-invasive blood pressure measurement, pulse oximeter, use of a thermometer, sphygmomanometer or ophthalmoscope.

Care homes with nursing

Care homes with nursing are likely to need to register for this regulated activity, as they will probably employ nurses or other listed professionals that carry out these activities. There may be exceptions to this rule, but only when the nursing staff do not actually carry out the treatment for a disease, disorder or injury.

Care homes without nursing

Care homes without nursing should not register for this regulated activity. This is because if they are carrying out these treatments, it will likely be by delegation from a health professional already registered under another provider.

Treatment for substance misuse

The types of professionals in the list that most commonly work in substance misuse services are medical practitioners, nurses and social workers. If any of these professionals are working in their registered capacity and providing treatment as part of a multi-disciplinary team, it means that the whole team will be within the scope of registration as providers of this regulated activity, and the organisation that employs them will have to be registered as providing treatment for a disease, disorder or injury.

However, if the service does provide substance misuse treatment but the team does not include any of these professionals working in their registered capacity (under their protected professional titles), then the provider does not need to be registered for this regulated activity. For example, if the service provider employs staff as drug and alcohol workers as
part of a community based multi-disciplinary drug and alcohol team, but the team does not include a medical practitioner, nurse or social worker, then the provider does not need to register for this activity.

Where people are not being provided with residential accommodation and they are receiving treatment of detoxification, then the provider will have to be registered for the regulated activity of treatment for a disease, disorder or injury if prescribed professionals are involved in that activity.

**Research settings**
‘Treatment of disease, disorder or injury’ may also be provided, sometimes as a secondary purpose, in research settings. Where the research forms part of a person’s treatment for disease, disorder or injury, and is carried out by or under supervision of a listed health care professional, the provider will need to register for this regulated activity. Research organisations that carry out clinical trials on people who are not being treated will not be required to register for this activity.
Decision tree for 'treatment of disease, disorder or injury'

Does the service involve treatment? No → Registration may still be needed eg for 'personal care'

Yes

Is the treatment for disease, disorder or injury? No →

Yes

Is the treatment by or under the supervision of any of the listed professionals? No →

Yes

Do any of the exemptions mentioned above apply? Yes → Out of scope

No → In scope